

FILED MAR 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6993

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3066		Registrar's No. 497	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood,		c. LENGTH OF STAY (in this place) 2 Weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		4452	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION White Oaks Nursing Home				d. STREET ADDRESS (If rural, give location) #214 So. Bemiston			
3. NAME OF DECEASED (Type or Print)		a. (First) RUTH		b. (Middle) - - -		c. (Last) HERON.	
4. DATE OF DEATH		(Month) (Day) (Year)		Feb. 25, 1950			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH April 8 1883	
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months Days		IF UNDER 1 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher; Public School.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Walter Dixon Heron.		13b. MOTHER'S MAIDEN NAME Josephine Elizabeth Yeoman.		14. NAME OF HUSBAND OR WIFE - - - - -			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Miss Grace Heron; 214 So. Bemiston		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>hemorrhage of cerebral artery</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>arteriosclerosis</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <i>Several years</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: <i>331X</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>the spring of 1949</i> <i>Feb 25, 1950</i> , that I last saw the deceased alive <i>on Feb 10, 1950</i> , and that death occurred at <i>8:15 PM</i> m., from the causes and on the date stated above.							
23a. SIGNATURE <i>Dr. J. L. Lupton, M.D.</i>		23b. ADDRESS <i>St. Louis, Mo.</i>		23c. DATE SIGNED <i>2-26-50</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 28, 1950		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, MO.	
DATE REC'D BY LOCAL REG. 2-26-50		REGISTRAR'S SIGNATURE <i>Herbert R. Womke, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

....., Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.